

OCT 31 2005

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August 3, 2005

To:

Attn.: Group Art Unit 2116
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From: Gerald T. Sekimura
(Reg. No. 30,103)
415.836.2500

Client-Matter Number: 351722-165379

Re: U.S. Patent Application No. 09/776,981
Filing Date: February 5, 2001
First Named Inventor: Ming-Hau Lee
Art Unit: 2116
Examiner: Eric Change
Attorney Docket No.: MORPH1140

Pages: - 19 - (including this form) Originals:

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PTO/SB/21 (09-04)

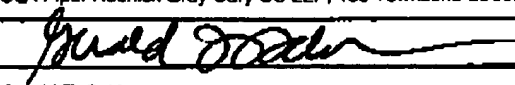
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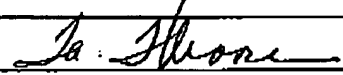
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/776,981
	Filing Date	February 5, 2001
	First Named Inventor	Ming-Hau Lee
	Art Unit	2116
	Examiner Name	Eric Chang
	Attorney Docket Number	351722-165199 (MORPH1140)
Total Number of Pages in This Submission		18

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - 3 mos. <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Transmission
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	DLA Piper Rudnick Gray Cary US LLP, 153 Townsend Street, Suite 800, San Francisco, CA 94107-1957	
Signature		
Printed name	Gerald T. Sekimura	
Date	October 31, 2005	Reg. No. 30,103

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Signature		
Typed or printed name	Ta-Tanisha L. Moore	Date October 31, 2005

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PTO/SB/17112-04v2)

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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	09/776,981
		Filing Date	February 5, 2001
		First Named Inventor	Ming-Hau Lee
		Examiner Name	Eric Chang
		Art Unit	2116
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	351722-165199 (MORPH1140)
TOTAL AMOUNT OF PAYMENT (\$) 225.00			

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

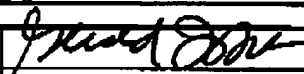
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)**

Other (e.g., late filing surcharge): Petition for Three-Month Extension of Time to Respond **\$510.00**

SUBMITTED BY		
Signature		Registration No. 30,103 (Attorney/Agent)
Name (Print/Type)	Gerald T. Sakimura	Telephone (415) 836-2500
		Date October 31, 2005

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Ta-Tanisha L. Moore

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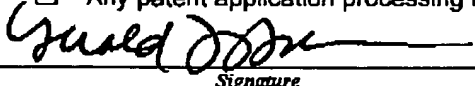
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OCT 31 2005

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. 351722-165199 (MORPH1140)	
Applicant(s): Ming-Han Lee, et al.					
Serial No. 09/776,981	Filing Date February 5, 2001	Examiner Eric Chang	Group Art Unit 2116		
Invention: POWER SAVING METHOD AND ARRANGEMENT FOR A RECONFIGURABLE ARRAY					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15 -	20 =	0 x	\$25.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input type="checkbox"/> No additional fee is required for amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. 07-1896 in the amount of \$510.00 A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1896 A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature				Dated: October 31, 2005	
Gerald T. Sekimura (Reg. No. 30,103) DLA Piper Rudnick Gray Cary US LLP 153 Townsend Street, Suite 800 San Francisco, CA 94107				I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.	
Signature of Person Mailing Correspondence				See attached facsimile certificate	
CC:				Typed or Printed Name of Person Mailing Correspondence	

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No.									
Applicant(s): Ming-Hau Lee, et al.				351722-165199 (MORPH1140)									
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TOTAL CLAIMS	15 -	20 =	0 x	\$25.00	\$0.00								
INDEP. CLAIMS	4 -	4 =	0 x	\$100.00	\$0.00								
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00								
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00								
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 Signature			Dated: October 31, 2005										
Gerald T. Sekimura (Reg. No. 30,103) DLA Piper Rudnick Gray Cary US LLP 153 Townsend Street, Suite 800 San Francisco, CA 94107			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</td> </tr> <tr> <td colspan="2" style="text-align: center;">Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">See attached facsimile certificate</td> </tr> <tr> <td colspan="2" style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.		Signature of Person Mailing Correspondence		See attached facsimile certificate		Typed or Printed Name of Person Mailing Correspondence	
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